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ABSTRACT

This report evaluates the Saginaw Drug and Alcohol Abuse Education Training Program conducted in 1990-1991, which provided in-depth training for 94 professionals including 63 teachers and 7 counselors through a workshop lasting 5 days and containing 6 hours of instruction per day. The workshops addressed the identification of both drug abuse problems (use and co-dependency) and practical intervention strategies. An exit evaluation questionnaire was developed and used to assess participants' perceptions of how much they gained from the seminar and their opinions of it. Approximately three quarters "agreed" or "strongly agreed" that the seminar increased their knowledge in the topic areas. The most frequently noted strengths of the seminar were that it provided useful information and intervention techniques and that it gave details about the resources available in the system and community. The most frequently noted weakness was that it needed to focus more on practical suggestions. Appendices include the School District's alcohol drug and alcohol abuse policy for students; a workshop agenda; a workshop evaluation form and content examination; and lists of participants by occupation. Recommendations, test instruments, and 57 references complete the document. (LL)

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EVALUATION REPORT

SAGINAW DRUG AND ALCOHOL ABUSE

EDUCATION AND TRAINING PROGRAM

PRODUCT EVALUATION, 1990-1991

DEPARTMENT OF EVALUATION SERVICES

- PROVIDING ASSESSMENT, PROGRAM EVALUATION AND RESEARCH SERVICES -

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SAGINAW DRUG AND ALCOHOL ABUSE

EDUCATION AND TRAINING PROGRAM

PRODUCT EVALUATION, 1990-1991

An Approved Report of the

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INTRODUCTION

In May, 1990, the Kercher Center for Social Research (at Western Michigan University) published the results of a survey within the School District of the City of Saginaw. The survey examined drug[1] knowledge and use among eighth, tenth, and twelfth grade students during Spring, 1988.

As a result of these findings and with a recognition of the destructive effects drug use has on students and the learning environment (see this District's policy; Appendix A), the school district applied for and received a 1990-91 grant from the United States Department of Education. The grant provided funding which enabled the district to supply administrators, teachers, counselors, other district personnel, and parents and community members with training in drug use identification and intervention.

The Saginaw Drug and Alcohol Abuse Education Training Program had several aims during 1990-91. They included the following:

- Conducting a needs assessment to examine drug use and available intervention resources in the district;
- Developing a comprehensive developmental (K-12) drug education curriculum;
- Developing parent contact and student resource mechanisms;
- Verifying the dissemination of the district's drug policy to all district employees and students; and
- Providing in-depth training for approximately 60 teachers and counselors through two workshops, each lasting for five days and containing six hours of instruction per day[2].

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[1] Here and throughout this report the term drugs is meant to include both those drugs which are wholly illegal and those which are only statutorily illegal (alcohol and tobacco).

[2] Teachers and counselors who attended received a stipend.

EVALUATION PROCEDURES

In May, 1991, prior to the training sessions, the project's director submitted to the evaluation department a copy of the workshop's agenda (one for each day, see Appendix B), and the post-workshop evaluation questionnaire (see Appendix C) and content examinations (see Appendix D).

In July, 1991, after the sessions, the project director submitted the completed questionnaires and participant content examination scores to the evaluation department.

The evaluator reviewed these records and compared project performance to grant specifications. The results follow.

RESULTS

The results will be presented in three parts describing: the seminar, participant mastery of the information presented and participant opinion on the training, and post session activities.

SEMINAR

The five-day seminar was held from June 24, 1991 until June 28, 1991. It was led and orchestrated by the project director[3] in association with the Center for Substance Abuse Education and Training at Eastern Michigan University (EMU). It featured presentations by experts from our district, agencies in Saginaw County, and EMU.

Participants

A review of the sign-in sheet revealed that 107 people were scheduled to attend the five-day seminar.[4] An examination of attendance frequency revealed that 87 (81.3%) attended all five days, seven (6.5%) attended four days, three (2.8%) attended three days and ten (9.3%) did not attend any (see Appendix E).

The grant specified, but did not mandate, a target audience of teachers and counselors in the Saginaw Public Schools. For that reason, the director opened the seminars not only to teachers and counselors but to others (e.g., parents, social workers, aides, etc.) who have a stake in the problem. A

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[3] The project director is the District's manager of health education programs. In addition to coordinating the District's Young Parent Program and managing the District's Parent Resource Center, she is a health educator, AIDS and Michigan Model Teacher Trainer. She oversees the District's drug free schools activities.

[4] Although the plan of action in the grant called for two five-day workshops attended by 60 people, this one five-day seminar attended by 97 people could be considered as having functioned like two concurrent workshops.

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review of the occupations of the 97 participants (see Appendices F & G) indicated that 63 (64.9%) were teachers (29, [30.0%] taught in the adult education programs, 27 [22.8%] taught in the regular K-12 programs[5], and seven [7.2%] taught in special education), seven (7.2%) were counselors (3 [3.1%] in adult education, three [3.1%] in "Prevention Youth Services", and one [1.0%] in the K-12 programs), and five (5.2%) were social workers. The remaining 22 (22.7%) held other occupations, however, none (0.0%) were administrators.

It appears the project was successful in targeting teachers and some counselors.

Agenda

The grant specified that certain topics[6] would be covered during the five days.

- Day one: the effects of drugs/alcohol on the body; the stages and symptoms of drug use; and identification of high risk students/families.
- Day two: techniques to deal with (own) fear, denial, co-dependency; and ways to approach and relate to suspected drug users (especially handling user denial).
- Day three: factors and interaction skills useful in helping students resist chemical dependency (including the importance of student participation in extra- and co-curricular activities).
- Day four: information about available community services, including contact people, costs, eligibility requirements, and types of services.
- Day five: delineation of the district's policy, rules, and regulations regarding drugs/alcohol, coordinated with the district's campus police.

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[5] There was at least one staff member from each of the district's senior and junior highs but from only seven of the district's 24 (29.2%) elementary schools.

[6] Sessions were based on the works listed in the reference section. These references were supplied to the evaluation department by the project supervisor.

An examination of the agenda (again, see Appendix B) indicates that the project addressed the specified topics, and in the suggested temporal order.

PARTICIPANT MASTERY

The grant specified that participants will evidence at least 75% mastery of material in each of the five topics.

Assessment of mastery was gauged by a test and a questionnaire, each detailed below.

Test

After the keynote (closing) address, an exit examination was distributed to and taken by 94 participants (those in attendance on the final day). This test contained 65 items (45 true/false and 20 multiple choice; again see Appendix D) designed to assess participant mastery of the presented topics. It was constructed by the consultants from Eastern Michigan University (EMU).

The EMU consultants were contracted to both create the test and analyze the results. They provided the project director with a listing detailing the percent of correct answers (out of the 65 total) attained by each participant. The director made this listing available to the evaluation department.

Because these analyses were insufficient to address the grant's objectives, further analyses were conducted by the Evaluation Department. These analyses included: 1) a reliability analysis of each topic-specific subtest; and 2) calculation of the number and percent of participants who attained at least 75% correct on each subtest.

Reliability analysis. Coefficient alpha (for a full explanation see Kuder and Richardson, 1937 and Chronbach, 1951) was calculated for each of the topic-specific subtests. Items which were classified by the EMU consultants

as anchored to more than one topic - an item in more than one of the subtests - were excluded from these analyses; such classification was considered sufficient evidence of heterogeneity.

Coefficient alpha was chosen because Nunnally (1978) suggested it ...

> ... should be obtained first ... if it proves to be very low, either the test is too short or the items have too little in common. In that case, there is no need to make other estimates of reliability (e.g., correlation of alternate forms), because they will prove to be even lower (p. 230).

The resultant coefficients (with the respective number of respondents who answered all of the items) are presented in Table 1, below. Subtests are identified by the day on which the topics they are intended to assess for mastery was presented.

TABLE 1. RELIABILITY COEFFICIENTS OF THE SUBTESTS USED TO ASSESS PARTICIPANT MASTERY OF THE TOPICS PRESENTED IN THE FIRST THREE DAYS OF THE SPRING, 1991 DRUG AWARENESS SEMINAR, AND THE NUMBER AND PERCENT OF RESPONDENTS WHO COMPLETED EACH SUBTEST

SUBTEST* (N of Items)	RESPONDENTS** N	%	COEFFICIENT ALPHA
Day 1 (N=47)	84	89.4	0.42
Day 2 (N=9)	91	96.8	0.28
Day 3 (N=7)	94	100.0	-0.43

*Named for the day on which the topic was presented.
**Number and percent of the 94 test takers who responded to all of the respective subtest items.

Anastasi (1954) suggested that to determine if a test provides reliable measurement a desirable range for coefficients is from .80 to .90. Viewing

the coefficients in Table 1 by this standard (or even by a less conservative standard [.70; Nunnally, 1978]), it should be concluded that these subtests are not within the desirable reliability range.[7]

Recalling Nunnally's (1978) diagnosis that low reliability may be either due to heterogeneity (the items not having a lot in common with each other) or the test being too short, a subsequent analysis was conducted to determine whether lengthening the test would be a practical way to obtain higher reliability.

The subsequent analysis (using Nunnally's [1978] formula, see Appendix H) found that the test for the day two topic would need to be expanded to a length of 93 items and the test for day one expanded to a length of 260 items (the test for day three was negative, expanding it will not improve its reliability).[8] Clearly, tests of this size are impractical to either construct or administer given the context of a seminar such as this. This finding implies that the better route to developing an instrument to assess participant mastery (at least for future seminars) would be to conduct an item analysis, delete poor items and construct new ones, and pilot the new instrument.

An alternative explanation may be that the topics themselves were heterogeneous in nature. If true, they may each require more than one mastery assessment instrument.

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[7] By way of further comparison, coefficient alpha for the entire 65 item test, which (by addressing all the topics in days 1-3) is heterogeneous, was .28.

[8] Application of Nunnally's (1978) formula to the whole 65 item test revealed that an estimated 209 and 672 items would be necessary to attain respective coefficient alphas of .70 and .80.

Participant responses. Regardless of the limits on its reliability, the test remained the only non-self report measure of participant mastery of the topics presented on days 1-3. Thus, the percent of participants attaining mastery (75% or more of the items answered correctly) on each subtest was calculated. The results are presented in Table 2, below.

TABLE 2. NUMBER AND PERCENT OF PARTICIPANTS* WHO ATTAINED MASTERY ON THE THREE SUBTESTS OF THE MASTERY ASSESSMENT INSTRUMENT, SPRING, 1991.**

SUBTEST* (N of Items)	PARTICIPANTS ATTAINING MASTERY N	%	PROGRAM STANDARD*** ATTAINED?
Day 1 (N=48)	58	61.7	No
Day 2 (N=9)	91	96.8	No
Day 3 (N=7)	83	88.3	No

*Based upon the 94 who took the test.
**At least 75% of the items answered correctly.
***All participants will attain mastery on each subtest.

A review of Table 2 demonstrates that the program did not attain its standard with regard to the topics from days 1-3.

Questionnaire

Participant mastery of the seminar topics was also assessed by a participant questionnaire (again, see Appendix C). The questionnaire was distributed to and taken by participants subsequent to their completing the test (see above). It contained ten items (eight ranking and two short answer) by which participants indicated how much they felt they gained from attending the seminar and how well the seminar went. As with the test, the question-

naire was written by the EMU consultants[9], however, it was scored locally. Ninety-three (93: 95.9%) of the 97 respondents who attended all or most of the seminar completed the questionnaire.

Ranking items. A comparison of the ranking items (Appendix C) to the agenda (Appendix B) indicated that items one and two related to the topic presented on day one, item three to the topic on day two, items four through six to the topic on day three, and items seven and eight to the topics on days four and five, respectively. An examination of the items indicated that they were all anchored positively, i.e., that agreement with the item meant the respondent had a positive opinion of his/her knowledge on that topic.

An examination of the responses indicated that the respondents felt participation in the seminar increased their knowledge in the presented topics. Further, approximately three quarters or more of the respondents "agreed" or "strongly agreed" that they had a clearer understanding of the resources available in the area and of the district's drug policies (items 7 and 8).

Open-ended items. The two open ended questions asked participants to describe the strengths and weaknesses of the seminar. The number given in the parentheses after each statement indicates the count of participants making a similar comment. Among the strengths were that it:

- provided very informative and useful information and intervention techniques (19);
- provided information about the resources available in the system and the community (14);

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[9] Items seven and eight, which reflect local concerns and which are the only measure of participant mastery of the topics on days four and five, were added by the program director.

- was well planned/organized (10);
- offered group discussions/opportunities to share information (8);
- featured excellent speakers (7);
- provided good materials/handouts (7);
- had a variety of presenters which allowed for good coverage of topics (5); and
- had a wide cross-section of the community which allowed for networking (4).

Among the weaknesses were that:

- the seminar needed to focus more on practical suggestions/ less emphasis on theory more on intervention strategies (7);
- some of the sessions were too lengthy and offered redundant information (4);
- some of the group discussions were unproductive/members were not prepared (4);
- the seminar was not realistic regarding cultural issues/there was not enough culturally sensitive programming (4);
- the materials/handouts should have been numbered/reorganized (4); and
- there needed to be more group discussions/question and answer sessions with the specialists/role playing (4).

POST WORKSHOP ACTIVITIES

The conclusion of the seminar was not the conclusion of the activities of this project. In the three months intervening between the last day of the seminar and the close of the project, the director and staff were directly or indirectly involved in drug education activities aimed at our district's faculty, staff, and students.

These activities were conducted within the following programs or presentation series:

- Project SUCCESS,[10]
- Substance abuse prevention (SAP) (staff training),
- Crisis intervention plan (CIP),
- Double-talk (drug education for children using ventriloquism, see Appendix E), and
- DARE (Drug abuse resistance education),

Further, the director and staff have been, and continue to be, producing newsletters (also see Appendix I) and a student guide.[11]

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[10] Project SUCCESS is a program designed to help at-risk youth by providing them with counseling, mentoring and tutorial services.

[11] This is a drug education pamphlet designed for students.

SUMMARY

Between June 24, 1991 and June 28, 1991, the Saginaw Drug and Alcohol Abuse Education and Training Program conducted a week-long drug education seminar. Addressed was the identification of both drug abuse problems (use and co-dependency) and practical intervention strategies. This seminar was conducted by specialists in our district, and from Saginaw County and Eastern Michigan University (EMU).

Attending all or most of the seminar were 94 professionals: 63 (64.9%) teachers, seven (7.2%) counselors, five (5.2%) social workers, and 22 (22.7%) with other occupations, none (0.0%) were administrators.

An exit evaluation was developed by the EMU consultants and used to assess participant mastery of seminar topics. An analysis of the topic-specific subtest of this instrument revealed low inter-item reliability. This suggested the instrument was inadequate to the task. Regardless, as it was the only examination, participant responses were analyzed: in no topic was the standard (100% of the participants attaining at least 75% mastery) met.

Participants were also given an exit evaluation form to indicate their perception of how much they gained from and their opinions of the seminar. Approximately three quarters or more of the participants "agreed" or "strongly agreed" that the seminar increased their knowledge in the topic areas. The most frequently noted strengths of the seminar were that it provided useful information and intervention techniques and that it gave details about the resources available in the system and community. The most frequently noted weakness was that it needed to focus more on practical suggestions.

RECOMMENDATIONS

Prior to offering recommendations, it should be reiterated that this seminar was only one part of a project which is, overall, attaining its objectives. The recommendations below, which are based upon the results presented above and conversations with the project's director, are presented with the aims of fine tuning seminar presentation and assessment procedures, and further assessing the benefits of this seminar.

It should also be noted that the listed recommendations are not meant to be exhaustive; the enhancements they suggest may be attainable through other means.

- Since the cost of conducting such a seminar is expensive as a one-shot training endeavor, especially when consultants are contracted, the director should consider ways to record seminars for future use (e.g., video tape). This method would allow district personnel who could not attend the seminar an opportunity to directly benefit from it without the cost of a second seminar. (This would also lower the per participant expenditure for the seminar.)

- Because the knowledge gained by teachers could have a great impact on the education of future students, it is important to have an adequate measure of what the participants gained from it. The participant mastery instruments, especially those provided by an outside contractor as part of a contractual obligation, should be examined for their reliability (if not also validity). Unreliable instruments should be avoided.

- While the seminar was a success in terms of participant opinion, and possibly participant comprehension, it is unknown how much the participants have been able to make direct use of what they learned. The director should consider conducting a follow-up survey. Such a survey could examine, among other topics, participant retention of the material, participant opinion regarding the applicability of what was presented, and the identification of any potential (or actual) institutional barriers to intervention techniques.

- One participant indicated a need for follow-up training in this area. Consideration should be given to providing an advanced seminar either separately or in tandem with a second introductory seminar.

- The most frequently identified weakness of the seminar was too much attention given to theory with not enough offered relative to practical suggestions. While this was mentioned by only seven participants (7.5%), it indicates that the connection between more global issues and the practical actions should be more strongly stressed. This possibility should be considered in the development of future seminars.

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APPENDICES

APPENDIX A

This is the alcohol and drug abuse policy for students as unanamously passed by the Board of Education for the School District of City of Saginaw, Michigan on July 9, 1991.

ALCOHOL AND DRUG ABUSE POLICY FOR STUDENTS

The School District recognizes its obligation to provide students with the best education possible and this can only be accomplished when the educational environment is free from the harmful effects of drugs and alcohol. The School District will not tolerate students who refuse to say "no" to drugs and alcohol and in keeping with this commitment to our students, parents and community, the Board of Education has adopted the following policies covering narcotic drugs, controlled substances and marijuana, alcohol, and pocket pagers or other electronic communication devices.

These policies apply when a student (1) is on school property; (2) is in a vehicle being used for a school purpose; (3) is at a school-related activity, function or event (applies even if the activity, function or event is not on school property); (4) is enroute to and from school; (5) engages in a prohibited act and the act could or may adversely affect or interfere with the good order of the school system, or the proper function of the educational process or the health and/or safety of students or School District employees.

The penalties for violating the policies are set forth under each prohibited act. For certain violations, the stated penalty is expulsion from school. For other violations, the stated penalty ranges from a long-term suspension up to and including expulsion from school. In this situation the specific penalty imposed (the length of the long-term suspension or expulsion)

will depend upon a number of factors. These factors include, but are not limited to, the age of the student, the nature and severity of the offense, the student's prior behavioral/discipline record, the recommendation of school personnel and all other circumstances deemed relevant be the School District.

PROHIBITED ACTS

Narcotic Drugs, Controlled Substances And Marijuana

A student shall not, attempt to manufacture, create counterfeit, package, transport, transfer, distribute, deliver, trade, sell, prescribe, dispense, administer, use of possess a narcotic drug or controlled substance or marijuana as defined in and prohibited by the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 USC Sections 801, et seq. or the Regulations, Rules or Orders of the U.S. Attorney General; or the Michigan Public Health Code, MCLA Sections 333.7101, et seq.; or the Regulations, Rules or Orders of the Michigan Board of Pharmacy.[1]

A student shall not be under the influence of any such narcotic drug or controlled substance or marijuana.

A student shall not represent a legal substance as any of the aforementioned narcotic drugs or controlled substances or as marijuana.

Penalty for use, possession or being under the influence -- long-term suspension (11 or more days) up to and including expulsion.

Penalty for all other violations shall be expulsion.

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[1] In the event of a repeal of either the Federal Statutes and Regulations referred to herein, the surviving Statutes and/or Regulations shall control.

Alcohol

A student shall not, nor shall a student attempt, to manufacture, create, transport, transfer, distribute, deliver, trade, sell, dispense, administer, use or possess alcohol.

A student shall not be under the influence of alcohol.

Penalty for use, possession or being under the influence -- long-term suspension (11 or more days) up to and including expulsion.

Penalty for all other violations shall be expulsion.

Pocket Pagers Or Electronic Communication Devices

A student shall not carry of possess a pocket pager or electronic communications device in school except for health or other unusual reasons approved in writing by the building principal.

Penalty -- long-term suspension (11 or more days) up to and including expulsion.

APPENDIX B

Prevention Education on Alcohol & Drugs

Monday, June 24, 1991
8:00 a.m. - 3:00 p.m.

AGENDA--Day 1

Objective One:

Teachers and counselors will become knowledgeable about the effects of alcohol and other drugs on the body, the stages of drug abuse and the signs and symptoms of drug abuse.

8:00 a.m.	Registration
8:10 a.m.	Welcome -Dr. Foster B. Gibbs, Superintendent School District of the City of Saginaw
8:20 -8:40 a.m.	Introduction and Overview Seeing the New Realities-"Three Steps to Drug Free Schools" -Pari Michalski, Health Programs and Services Manager
8:40-9:30 a.m.	Effects of Alcohol and Other Drugs on the Body -Tommie Volkmann
9:30-9:45 a.m.	**BREAK**
9:45-11:00 a.m.	Stages of Use, Abuse and Dependency -Tommie Volkmann
11:00-11:30 a.m.	Identification of High-Risk Youth - Introduction -Gary Stauffer
11:30-12:30 p.m.	**Lunch on your own.**
12:30-1:30 p.m.	Identification of High-Risk Youth - Continued
1:30-1:45 p.m.	**BREAK**
1:45-3:00 p.m.	Group Process/Discussion

Expected Outcome:

Teachers and counselors who are prepared to more accurately identify and assist students who are using or at-risk of using alcohol and other drugs.

APPENDIX B

Prevention Education on Alcohol & Drugs

Tuesday, June 25, 1991
8:00 a.m. - 3:00 p.m.

AGENDA–Day 2

Objective Two:

Teachers and counselors will learn how to approach, relate to and talk with a student suspected of using alcohol and other drugs.

8:00-9:15 a.m.	Enabling - Personal and System -Ted Klontz
9:15-10:15 a.m.	Cultural Specificity - Introduction -Herman Humes -Gary Stauffer
10:15-10:30 a.m.	**BREAK**
10:30-11:30 a.m.	Cultural Specificity - Continued
11:30-12:30 p.m.	**Lunch on your own.**
12:30-1:45 p.m.	School-Based Intervention Techniques -Ted Klontz
1:45-2:00 p.m.	**BREAK**
2:00-3:00 p.m.	Group Process/Discussion

Expected Outcome:

Knowledge and skills in this area will be crucial in bringing early intervention to the user and in creating a situation wherein users are more likely to avail themselves of opportunities for assistance.

Prevention Education on Alcohol & Drugs

Wednesday, June 26, 1991
8:00 a.m. - 3:00 p.m.

AGENDA--Day 3

Objective Three:

Teachers and counselors will learn how to provide students with the skills necessary to resist chemical dependency.

8:00-8:15 a.m.	Teaching the New Skills -Pari Michalski
8:15-9:15 a.m.	Taking Care of Yourself -Ted Klontz
9:15-9:30 a.m.	**BREAK**
9:30-11:00 a.m.	Refusal Skills -Herman Humes -Gary Stauffer
11:00-11:30 a.m.	What Works in Prevention - Introduction -Herman Humes -Gary Stauffer
11:30-12:30 p.m.	**Lunch on your own.**
12:30-1:30 p.m.	What Works in Prevention - Continued
1:30-1:45 p.m.	**BREAK**
1:45-2:45 p.m.	Group Process/Discussion
2:45-3:00 p.m.	Eastern Michigan University Evaluation and Take-Home Test

Expected Outcome:

School personnel will be able to ensure that a wide variety of involvement opportunities exist for students in the schools. Further, students aided by knowledgeable staff, will be better able to reduce the use of alcohol and other drugs through skillful resistance to peer pressure.

Prevention Education on Alcohol & Drugs

Thursday, June 27, 1991
8:00 a.m. - 3:00 p.m.

AGENDA--Day 4

Objective Four:

Teachers and counselors will learn what community services are available for students and their families which deal with drug abuse.

8:00-8:20 a.m.	Forming the New Alliances -Pari Michalski
8:20-10:00 a.m.	Dealing with the Effects of Cocaine on Families -Myra Fall -Debbie Lively
10:00-10:15 a.m.	**BREAK**
10:15-11:30 a.m.	Overview of Substance Abuse Referral System -Cynthia Spychalski -Allison Cooper -Doris Hug
11:30-12:30 p.m.	**Lunch on your own.**
12:30-1:45 p.m.	Overview of School Services--Student Assistance Program (S.A.P.), Growth Afrocentric Program (G.A.P.), Project SUCCESS -Craig Tatum
1:45--2:00 p.m.	**BREAK**
2:00-3:00 p.m.	Overview of Prevention and Intervention Licensed Services of Saginaw Bay Substance Abuse Services Commission -Jo Anne Jamrog

Expected Outcome:

Specific, relevant information will be available at each school site. Students and/or their families will be directed to appropriate extra help almost immediately. Quick reentry and rehabilitation is enhanced. Proper adjustment of re-entering students will also be more likely.

Prevention Education on Alcohol & Drugs

Friday, June 28, 1991
8:00 a.m. - 3:00 p.m.

AGENDA--Day 5

Objective Five:

Teachers and counselors will become knowledgeable about school policies and regulations regarding alcohol and other drugs.

8:00-9:00 a.m.	Overview of Student Policies -Ronald Schneider
9:00-10:00 a.m.	Overview of Personnel Policies -Thelma Bailey
10:00-10:15 a.m.	**BREAK**
10:15-11:00 a.m.	Parent Resource Center & Referral Guide -Pari Michalski
11:00-11:30 a.m.	Crisis Intervention Plan -Ronald Schneider
11:30-12:30 p.m.	**Lunch on your own.**
12:30-2:30 p.m.	Keynote Speaker --"We Really Make a Difference" -Dr. David Hall
2:30-3:00 p.m.	Final Evaluation Wrap-up and Certificates

Expected Outcome:

Professional staff will know the specific steps in implementing policy and providing due process. Built-in progressive discipline steps will discourage further widespread alcohol and other drug use. Parents and students will know in advance the seriousness of behaving contrary to policies and regulations.

APPENDIX C

SCHOOL DISTRICT OF THE CITY OF SAGINAW
WORKSHOP EVALUATION
SUMMER, 1991
(N = 93)

Directions: For each statement, circle the number which best describes your opinion. Be sure to circle only one number. (Row percents may not add to 100.0% due to rounding.)

1. I am more able to identify student behavior which may indicate alcohol or drug abuse.

Disagree				Agree	
1	2	3	4	5	4 & 5*
1 (1.1%)	6 (6.5%)	9 (9.7%)	55 (59.2%)	22 (23.7%)	77 (82.8%)

2. I recognize more clearly those factors which put students at risk for drug or alcohol abuse.

Disagree				Agree	
1	2	3	4	5	4 & 5
1 (1.1%)	3 (3.2%)	7 (7.5%)	44 (47.3%)	38 (40.9%)	82 (88.2%)

3. I have a beginning awareness of the concept of enabling.

Disagree				Agree	
1	2	3	4	5	4 & 5
1 (1.1%)	3 (3.2%)	20 (21.5%)	30 (32.3%)	39 (41.9%)	69 (74.2%)

4. I recognize more clearly the need for cultural specificity in my school-based prevention activities.

Disagree				Agree	
1	2	3	4	5	4 & 5
1 (1.1%)	6 (6.5%)	2 (2.2%)	39 (41.9%)	44 (47.3%)	83 (89.2%)**

*This column was not part of the original form.
**One participant did not respond to this question.

5. I am more aware of school based intervention techniques.

Disagree				Agree	
1	2	3	4	5	4 & 5*
1 (1.1%)	3 (3.2%)	14 (15.1%)	43 (46.2%)	31 (33.3%)	74 (79.5%)**

6. I have a clearer understanding of the components of a comprehensive prevention program.

Disagree				Agree	
1	2	3	4	5	4 & 5*
0 (0.0%)	5 (5.4%)	16 (17.2%)	37 (39.8%)	34 (36.5%)	71 (76.3%)**

7. I am more aware of community-resources and referral system.

Disagree				Agree	
1	2	3	4	5	4 & 5*
1 (1.1%)	1 (1.1%)	11 (11.8%)	32 (34.4%)	48 (51.6%)	80 (86.0%)

8. I have a clear understanding of student and personnel drug policies.

Disagree				Agree	
1	2	3	4	5	4 & 5
0 (0.0%)	3 (3.2%)	14 (15.1%)	39 (41.9%)	35 (37.6%)	74 (79.5%)***

*This column was not part of the original form.
**One participant (1.1%) did not respond to this question.
***Two participants (2.2%) did not respond to this question.

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9. Strengths of the Session*:

- The seminar provided very useful information and intervention techniques (19).
- The seminar provided information about the resources available in the system and the community (14).
- The seminar was well planned/organized (10).
- The seminar offered group discussions/opportunities to share information (8).
- The seminar provided good, current materials and handouts (8).
- The seminar featured excellent speakers (7).
- The seminar had a variety of presenters which allowed for good coverage of topics (5).
- The seminar had a wide cross-section of the community which allowed for networking (4).
- Repeat this conference/open it to others (4).
- Interaction among the presenters and audience allowed for feedback (3).
- This conference allowed for self-examination (2).
- It was interesting (1).
- It explained board policy (1).
- It offered something for all backgrounds (1).
- Everyone was working together for the same cause (1).
- It made people aware of other ethnic backgrounds (1).

*Comments noted here are abridged and complied. Original comments are on file.

BEST COPY AVAILABLE

10. Weaknesses of the Session*:

- The seminar needed to focus more on practical suggestions/less emphasis on theory more on intervention strategies (7).
- There needed to be more group discussions/question and answer sessions with the specialists/role playing (6).
- Some of the sessions were too lengthy and offered redundant information (4).
- Some of the group discussions were unproductive/members were not prepared (4).
- The seminar was not realistic regarding the cultural issues/there was not enough culturally based programming (4).
- The materials/handouts should have been numbered/reorganized (4).
- Administrators were not present (3).
- Speakers talked too much (3).
- The seminar should have made more use of local people (3).
- It was boring at times (3).
- The first two days were not applicable to Saginaw (2).
- More time should have been spent regarding the resources in Saginaw/Some material was not pertinent (2).
- Presenters talked too much about themselves (2).
- There was not enough time to reflect (2).
- The acoustics were poor (2).
- Introductions were too lengthy (1).
- Overviews were too broad (1).
- Heard from every component except the children (1).

*Comments noted here are abridged and complied. Original comments are on file.

BEST COPY AVAILABLE

10. Weaknesses of the Session*: (cont.)

- Groups were too large (1).
- Overwork, underpaid (1).
- Chairs were uncomfortable (1).
- There was a lack of flexibility to deviate in topic/a lack of credibility given to local issues by the visiting speakers (1).
- The seminar needs a follow-up (1).
- Elementary buildings do not have on-site campus security. These problems do not start in junior high or high school (1).
- Too much material (1).
- Some techniques are not realistic for our area (1).
- Topic bases were too broad (1).
- It should have involved different types of professionals (1).
- Too much time was spent in seditary tasks (1).
- Too much counseling (1).
- Use local experts, they are vested in Saginaw (1).

*Comments noted here are abridged and complied. Original comments are on file.

APPENDIX D

CONTENT EXAMINATION
School District of the City of Saginaw
June 24-28, 1991

Directions: Record a "T" for true and "F" for false in the provided blank.

1._____Rationalization is the chief symptom of chemical dependency.

2._____Group process is more important in maintaining sobriety than in preventing drug abuse.

3._____One concept of chemical dependency holds that it is a chronic disease.

4._____Some studies indicate that at teenager can become a late stage alcoholic within 6 months.

5._____Group work is a process which supports change in unhealthy behaviors.

6._____School based interventions are most helpful when done by a team of people rather than a single individual.

7._____Prevention, like intervention, needs to focus on specific behaviors.

8._____Single prevention activities are as effective as comprehensive prevention.

9._____"Crack" babies are the first wave of babies from drug-addicted mothers to enter the school system.

10._____Young women using and abusing drugs appear symptom free longer than young men.

11._____"Enabling" is a behavior we learn and can very easily "un-learn."

12._____Effective prevention programs appeal equally to varying cultures.

13._____African-Americans and Hispanic-Americans who drink experience the same health hazards as Caucasians who drink.

14._____ Persons of color are often more ill than Caucasians when admitted to treatment.

15._____A chemically dependent person is never recovered, but always recovering.

16._____Long term pot smoking affects primarily the emotional growth of the adolescent.

17._____Alcohol is a stimulant on which one can "over-dose."

18._____A recovering person can learn to drink in a socially acceptable way.

19._____Persons in the late stages of alcoholism must drink just to feel "normal."

20._____The enabler often assumes that he/she is responsible for another person's drug use.

21._____The carcinogenic effect of nicotine and marijuana are identical.

22._____Alcohol weakens the cardiac muscle and increases blood pressure.

23._____There are long term complications to teenage drug use because responsible decision making is avoided.

24._____Black-outs are chemically induced period of unconsciousness.

25._____Minority populations sometimes enter treatment via their churches and small neighborhood clinics.

26._____The difference between being sober and being a dry drunk is significant.

27._____Alcohol is the favored drug in any student population.

28._____The terms drug use, misuse and abuse are interchangable when describing drug taking behavior in teenagers.

29._____Recent studies indicate that some drug abuse in schools is on the decrease.

30._____Studies indicate that most students begin drinking alcohol while they are in middle school.

31._____A heroin user's risk for HIV infection may be increased by the purity of the drug.

32._____Individual factors that influence drug taking behavior include genetic predisposition.

33._____Illegal drugs such as heroin and LSD are called gateway drugs.

34._____In addition to exhibiting a lower level of self-esteem, young abusers are often deficient in refusal skills.

35._____Prevention programs which include peer counseling are an example of positive peer influence.

36._____Alcohol affects coordination primarily by influencing the spinal cord.

37._____The brain stem controls respiration and heart beat.

38._____Stimulants have a "rebound" effect which doubles the risk to a user.

39._____Fat cells lining the neurons decreases the effect of marijuana on an individual's motivational process.

40._____The risk factors for developing alcohol or other drug abuse are equally weighted and need to be considered in a composite.

41._____The "symptoms" of possible alcohol or drug use are significantly different than regular adolescent behavior.

42._____Research indicates a negative correlation between high risk behaviors/populations and chemical use.

43._____School personnel are less apt to enable student's drug use when they accept and practice concepts of self-care.

44._____An effective educator is a prevention specialist in his/her own right.

45._____Early intervention saves lives.

APPENDIX D

Directions: Mark your answers in the blank (blanks) provided.

1. The most commonly abused drug in the United States is
   0 marijuana
   0 alcohol
   0 cocaine
   0 heroin

2. People who are depending on heroin keep taking it mostly to
   0 experience pleasure
   0 avoid withdrawal
   0 escape reality
   0 be accepted among friends

3. Which of these is *not* a narcotic?
   0 heroin
   0 marijuana
   0 morphine
   0 methadone

4. Which age group has the highest percentage of drug abusers?
   0 10-17
   0 18-25
   0 26-35
   0 36-60
   0 61 and over

5. Which drug does not cause physical dependence?
   0 alcohol
   0 morphine
   0 peyote
   0 secobarbital
   0 codeine

6. Most drug users make their first contact with illicit drugs
   0 through "pushers"
   0 through their friends
   0 accidentally
   0 through the media

7. What is the most unpredictable drug on the street today?
   0 PCP
   0 heroin
   0 LSD
   0 alcohol

8. Which of the following is *not* a stimulant?
   0 amphetamine
   0 caffeine
   0 methaqualone
   0 methamphetamine

9. The majority of inhalant abusers are
   0 men
   0 children
   0 women
   0 the elderly

10. Which of the following poses the greatest health hazard to the most people in the United States?
   0 cigarettes
   0 heroin
   0 codeine
   0 LSD
   0 caffeine

11. Which of the following poses the highest *immediate* risk to users?
   0 marijuana
   0 nicotine
   0 LSD
   0 inhalants

12. This drug was believed to be non-addictive when it was developed in the 1800's as a substitute for morphine and codeine.
   0 LSD
   0 heroin
   0 horseradish
   0 PCP

13. When does a person become hooked on heroin?
    0 first time
    0 after four or five times
    0 20 times
    0 different for each person

14. What sobers up a drunk person?
    0 a cold shower
    0 black coffee
    0 a traffic ticket
    0 time
    0 walking

15. Which of the following should never be mixed with alcohol?
    0 amphetamines
    0 sedatives
    0 cocaine
    0 cigarettes

16. Medical help for drug problems is available without legal penalties:
    0 if the patient is under 21
    0 under the protection of Federal Law
    0 in certain States

17. Stopping drug abuse before it starts is called
    0 prevention
    0 withdrawal
    0 tolerance
    0 education

18. How long does marijuana stay in the body after smoking?
    0 one day
    0 12 hours
    0 up to a month
    0 one hour

19. The use of drugs during pregnancy
    0 should be limited to tobacco and alcohol
    0 may be harmful to the unborn child
    0 should cease at 26 weeks

20. What makes marijuana especially harmful today?
    0 it is much stronger
    0 younger kids are using it
    0 none of these
    0 all of these

APPENDIX D

ANSWER KEY

True/False

1.	F	24.	F
2.	F	25.	T
3.	T	26.	F
4.	T	27.	T
5.	T	28.	F
6.	T	29.	T
7.	T	30.	T
8.	F	31.	F
9.	F	32.	F
10.	F	33.	F
11.	F	34.	T
12.	T	35.	T
13.	T	36.	F
14.	T	37.	T
15.	T	38.	T
16.	F	39.	T
17.	F	40.	T
18.	F	41.	F
19.	T	42.	F
20.	T	43.	T
21.	F	44.	T
22.	T	45.	T
23.	T		

Multiple Choice

1.	B	11.	D
2.	B	12.	B
3.	B	13.	D
4.	B	14.	D
5.	C	15.	B
6.	B	16.	B
7.	A	17.	A
8.	C	18.	C
9.	B	19.	B
10.	A	20.	D

APPENDIX E

TABLE E.1. FREQUENCY OF ATTENDANCE BY SCHEDULED PARTICIPANTS (N=107) IN THE 1990-91 DRUG EDUCATION SEMINAR

DAYS ATTENDED	PARTICIPANTS	
	N	%
5	87	81.3
4	7	6.5
3	3	2.8
2	0	0.0
1	0	0.0
0	10	9.3
TOTAL	107	99.9*

* Due to rounding

APPENDIX F
SEMINAR PARTICIPANTS

Name	Position	Location
Adams, Marilyn	Teacher	Longfellow
Ahrens, Mary	Teacher Trainer	Saginaw ISD
Anderson, Ruth	Teacher	Saginaw Adult Education
Barkley, Georgia	Lib/Media Ctr. Specialist	Saginaw High
Bender, Georgia	Counselor	Adult Education
Bowman, Beaulah	Teacher	Nelle Haley
Boyd, Carole	Single Parent/Proj. Cood.	COC
Bracken, William	Resource Officer	Saginaw High
Bradley, Carlene	Teacher	Longstreet
Brantley, Sylvia	Teacher	Saginaw Adult Education
Bridgewater, Mary	Social Worker	Houghton Resource Bld.
Burks, Bernadette	Teacher (special education)	Longfellow
Burnell, Lorene	Teacher	Loomis
Call, Thomas	Teacher	Saginaw Adult Education
Canel, Kathy	Teacher	Saginaw High
Carter, Flossie	Teacher	Saginaw Adult Education
Cawood, Sandra	Teacher	Flint, MI
Collins, Robert	Teacher	Saginaw High
Conner, Marjorie	Parent (City Council Member)	Saginaw, MI
Conner, Robert	Clergy	Saginaw, MI
Deford, Jo	Teacher	Arthur Hill
Dickson, Susan	Teacher	Loomis
Dixon, Linda	Teacher	Salina
Drinan, Sandy	Learning Lab Cood.	Saginaw Adult Education
Fall, Myra	Parenting Counselor	Saginaw Adult Education
Feltson, Katherine	Teacher (special education)	Webber Elementary
Flourney, Anna	Teacher	Saginaw Adult Education
Fraser, Andrea	Teacher	Saginaw Adult Education
Gaddis, James	Teacher	South Intermediate
Gibson, Daphne	Teacher	Saginaw Adult Education
Gordon, Marva	Counselor	Saginaw Adult Education
Hallburg, Gerald	Teacher	Center for Arts/Science
Hasenlader, Edward	Teacher	COC
Henderson, Sandra	Teacher	Saginaw Adult Education
Hock, Wayne	Teacher	COC
Houser, Elizabeth	Nutritionist	Food Services (Saginaw)
Jaime, Michaele	School Psychologist	Nelle Haley Annex IV
Jones, Anita	Teacher	Heavenrich
Jones, Fred	Teacher	Central Junior
Jones, Larry	Social Worker	Houghton Resource Bld.
Laird, Emma	Teacher	Central
Lewis, Linda	Teacher	Longfellow
Little, Carole	Teacher	Saginaw Adult Education
Lively, Debra	H.I. Teacher Consultant	Nelle Haley Annex I
Longuemire, Minnie	Teacher	Saginaw Adult Education
Lopez, Gabriel	Recreation Coordinator	Saginaw Tri City SER
Lopez, Mary	Teacher	Saginaw Adult Education
Makrianis, Annette	Employment Trainer	Saginaw Adult Education
Martin, Ernestine	Teacher	Longstreet
McKinney, Erma	Outreach Worker	Project SUCCESS

APPENDIX F
SEMINAR PARTICIPANTS (cont.)

Name	Position	Location
Martin, Ernestine	Teacher	Longstreet
McKinney, Erma	Outreach Worker	Project SUCCESS
Merkerson, Quilliam	Teacher	Saginaw Adult Education
Meyerholt, Kevin	Teacher	Saginaw Adult Education
Milam, Hazel	Social Worker	Houghton Resource Bld.
Moore, Earline	Teacher	Central Junior High
Od'Neal, Tony	Teacher	Saginaw Adult Education
Olvera, Antonio	Counselor	Arthur Hill
Parris, Geraldina	Teacher	Longfellow
Paveglio, Barbara	Teacher	Saginaw Adult Education
Phelps, Patricia	Teacher	Saginaw Adult Education
Polk, Constance	Counselor	Prevention Youth Serv.
Popielanz, Cheryl	Counselor	Prevention Youth Serv.
Porterfield, Gwendaline	Social Worker	Houghton Resource Bld.
Putman, Lorna	Teacher	Longstreet
Richardson, Calvin	Counselor	Prevention Youth Serv.
Riselay, Sirkka	Teacher (special education)	Central Jr.
Robinson, Sandra	Outreach Worker	Project SUCCESS
Roth, Elaine	Teacher (special education)	Arthur Hill
Ruffin, Thelma	Teacher	Loomis
Russell, Mittie	Paraprofessional	North
Sanders, Majorie	SEI Teacher aide	Holland Educ. Center
Shea, Cynthia	H.I. specialist	Nelle Haley Annex II
Smith, Janet	Teacher	Longstreet
Smith, Marvin	Teacher	Saginaw Adult Education
Smith, Michael G.	Teacher	Saginaw Adult Education
Spychalski, Cindy	Nurse	Sag. County Pub. Health
Stewart, Lisa	Teacher	South Intermediate
Storck, Don	Teacher	Arthur Hill
Stratton, Pat	Teacher (special education)	North Intermediate
Sweeting, Patricia	Instructor	Bay City Placement Ctr.
Taylor, Elnora	Teacher	Loomis
Taylor, Jackie	Social Worker	Houghton Resource Bld.
Thibodeau, Virginia	Teacher	Saginaw Adult Education
Tolley, Jan	Teacher	Arthur Hill
Tortice, Peggy	Teacher	COC
Troublefield, Charles	Teacher	Saginaw Adult Education
Turner, Carolyn	Employment Trainer	Saginaw Adult Education
Ulbrecht, Diana	Teacher	Saginaw Adult Education
Wade, Lela	Teacher	Longstreet
Warren, Ethel	Teacher (special education)	Central Jr.
Webb, Liza	Teacher (special education)	South Intermediate
Williams, Deborah	Teacher	Saginaw Adult Education
Williams, Patricia	Teacher	Zilwaukee
Wilson, Steven	Paraprofessional	South
Wright, Lillie	Teacher aide (spec. education)	Salina
Wuerful, Karlene	Teacher	Saginaw Adult Education
Ziozios, Nancy	Teacher	Saginaw High

APPENDIX G

TABLE G.1. SEMINAR PARTICIPANTS, BY OCCUPATION.

OCCUPATION	PARTICIPANT N	PARTICIPANT %
Adult education teacher	28	30.1
K-12 teacher	26	28.0
Special education teacher	7	7.5
Social worker	5	5.4
Adult education counselors	3	3.2
"Prevention Youth Services" counselors	3	3.2
Teacher aides	3	3.2
Employment trainers	2	2.1
Hearing impaired specialist	2	2.1
"Project SUCCESS" outreach workers	2	2.1
Paraprofessional	2	2.1
Parent*	2	2.1
Project Coordinator	2	2.1
K-12 counselor	1	1.1
Library/Media Center specialist	1	1.1
Nutritionist	1	1.1
Resource officer	1	1.1
School Psychologist	1	1.1
Teacher trainer	1	1.1
TOTAL	93	99.8**

*One of the parents was also a member of the Saginaw City Council.
**Rounding.

APPENDIX H

EQUATION H.1. NUNNALLY'S (1978) FORMULA TO ESTIMATE THE NUMBER OF ITEMS REQUIRED TO ATTAIN A PARTICULAR RELIABILITY GIVEN A POSITIVE OBTAINED RELIABILITY

$$k = \frac{r_{kk}(1 - r_{11})}{r_{11}(1 - r_{kk})}$$

where r_{kk} = desired reliability

r_{11} = reliability of existing test

k = number of times test would have to be lengthened to obtain reliability of r_{kk}

Source: Nunnally, J. C. (1978) Psychological Theory (2nd Edition). New York: McGraw-Hill Book Company, p. 244-5.

DOUBLETALK

Substance Abuse Prevention Education Service Program
Solely sponsored by Jacobson Stores Inc.

Originated, produced and performed by Todd Gale through the fine art of ventriloquism, DOUBLETALK focuses on serious problems with the wit and candor children can understand and appreciate. The puppets discuss substance abuse, peer pressure and self-worth in a manner with which these young people can relate.

The stage shows are licensed, age-appropriate, entertaining and actively involve the audience. The scripts are prepared with assistance from the Prevention officer of the South Central Michigan Substance Abuse Commission, a coordinator of the Michigan Model for Health Education, elements from the D.A.R.E. program, and a board made up of teachers, enforcement officers, etc.

Date: October 10, 1991

Time: 9:30-10:15 A. M.
Performance for grades K-3

10:30-11:15 A.M.
Performance for grades 4-6

HELPING HAND

project SUCCESS
School District of the City of Saginaw
Ruben Daniels Lifelong Learning Center
115 W. Genesee Street, Saginaw, MI 48602

Volume 1, Issue 1

Information and Assistance for Today's Educator

It's a Fact...

- In the U.S., alcoholism affects one out of three American families. There are more than 100,000 alcohol-related deaths each year. Alcoholism accounts for 40% of all admissions to psychiatric hospitals.
- Five percent of high school seniors drink daily or nearly daily. Thirty-nine percent of high school seniors are involved in heavy-party drinking (five or more drinks in a row) at least once or twice every weekend.
- Adults aged 15-45 who smoke are 1.43 times more likely to have a stroke than their counterparts who do not smoke, according to a study published in the *Archives of Neurology*.
- From 1967 to 1982, when high school drug use was on the rise, Scholastic Aptitude Test scores plummeted; verbal scores fell 40 points and math totals dropped 25 points.

> "Self-confidence is the first requisite to great undertakings."
>
> - Samuel Johnson

Curtailing Criticism

When a student knocks his or her books off the desk or bumps into a chair and disrupts the class, from a teacher's perspective, it may be tempting to criticize. Often, however, it is wise to stop for a moment and consider the effects of negative criticism. While it seems that it's almost impossible to raise children without negative criticism—perhaps less is needed than we think. Negative criticism was the subject of a recent article by Sidney B. Simon (*Changes* August 1991).

According to Simon, negative criticism hurts more than most of us are willing to acknowledge. He poses several questions we may want to ask ourselves when we feel the need to criticize. The questions apply to students as well as to others with whom we come in close contact.

- ***Is the student in any shape to hear the criticism?***
  Maybe he or she has had a bad day or is going through a difficult period at home.
- ***Has the student heard this criticism before?***
  Often the only criticism that is "useful" is criticism that puts forth new information that the student hasn't had until you raised the issue.
- ***Can the student do anything about what you are criticizing for?***
  Sometimes at the moment, there isn't a whole lot a person can do the change his or her behavior.
- ***Are you sure there are none of your own hang-ups behind your negative criticism?***
  Often, the negative criticism we give others stems from our own unresolved issues. An honest awareness of this can prevent much of the criticism we unthinkingly deliver.

News Notes

Students' Perceptions

An important factor in an adolescent's decision to try drugs is perception of what others are doing. Most youngsters misperceive the realities of drug use among their peers. Research shows that although 14% of 7th graders report having smoked in the last 30 days, typically 7th graders believe that approximately 50% of their classmates smoke. Students who overestimate cigarette use are more likely to begin smoking.

Comics Convey Anti-Violence Message

The Boston Police are combining an old medium with a new twist to teach children about the dangers of guns and drugs. Financed by a $15,000 grant from Ronald McDonald's Children's Charities, a color comic book called "Welcome to Beantown" is being distributed to the city's 13,500 third and fourth graders in public and parochial schools. The Bean theme, while calling upon the cultural tradition of Boston baked beans, also serves as an acronym for Boston Educates Against Narcotic Substances. The comic book is part of a growing effort by urban police departments to reach children before gangs or city violence do.

Parents Win Support in Outdoor Advertising Arena

Tobacco and alcohol advertising has been banned from city buses, streetcars, and cable cars in San Francisco. The ban is the result of a campaign by an organization called Parents Opposed to Addictive Drug Advertising. "We only have about 50 members, but we went out and sought support from the community and got it," said Daniel Liebert, director of the organization. The appeal for the ban was based on the fact that 30,000 school children use city transit to get to school.

Make Mine Water

Sales of mineral water are booming in most western countries, and bottled water is on the rise as a U.S. export. Export sales rose from $8.5 million in 1985 to $11.2 million in 1989, with Japan accounting for about half of the foreign sales. One Tokyo pub sells nothing but water, offering patrons a choice of 19 varieties.

Is a Student Having a Problem?

Parents and educators should trust their instincts. If your instinct tells you something is not quite right, there is likely to be something to your suspicion. As youngsters become increasingly involved with alcohol or marijuana, you will observe changes in their behavior.

Here are nine warning signs parents and educators should be aware of:

- *Personality changes.*
- *A shift in friendships.*
- *A change in clothing style.*
- *A deterioration in school performance.*
- *Prolonged absences from school or home.*
- *A loss of interest in sports, clubs, and other vigorous and engaging activities.*
- *The discovery of hidden alcohol, marijuana, or related paraphernalia.*
- *An increasing demand for money.*
- *The use of tobacco.*

HELPING HAND
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Please send suggestions or contributions to the editor at the above address or through your student assistance program.
HELPING HAND is published monthly (September–May) to provide timely information to readers; its contents are not intended as advice for individual problems. Editorial material to be used at the discretion of the reader and does not mean that suggestions are endorsed by the owner, publisher, editors, or distributors.

Check your local library for these best-sellers.

The Cocaine Kids

A close-up look at the role teenagers play in the illegal drug market.
Terry Williams
Addison-Wesley Publishing Company, Inc., 1989

Keep Off the Grass

The classic medical report on the hazards of marijuana.
Gabriel G. Nehas, MD, PhD, D.Sc.
Paul S. Eriksson, Publisher, 1990

Parenting for Prevention

How to Raise a Child to Say No to Alcohol and other Drugs. For parents, teachers, and other concerned adults.
David J. Wilmes
Johnson Institute Books, 1989

PARENT TALK TEENAGE DRINKING: *How and When To Confront your Teenager*

According to a survey by the National Institute on Drug Abuse, by the senior year of high school, 92.2% of kids have consumed alcohol. As much as parents would like to think their child is part of that small percentage of nonusers, it is wise to acknowledge the facts and prepare accordingly. Here are some tips offered by Suzy Truax, a certified chemical dependency counselor in Illinois.

- **Set Limits.** Kids deserve to know what's expected of them and what the consequences will be if they break the rules.

Discuss with your teenager your feelings and expectations about drinking. After you have stated the rules, explain the consequences for disobeying.

- **Enforce Limits.** Sometimes kids will disregard parents' standards, or cave in to peer pressure. Truax offers the following guidelines to follow when you know your teenager has been drinking.

Don't lecture.
It is not the time. Nothing will be accomplished until your teenager can understand and respond.

Do Comment.
Be brief, but let your child know that you are concerned and disappointed.

Don't help.
Drinking too much is serious and can be dangerous. Parents shouldn't make it comfortable.

Follow through as soon as possible.
As soon as your teenager is able to communicate, sit down for a quiet discussion. Ask what happened and where the drinking took place. If the drinking took place at someone's home, phone the parents and let them know that your child got drunk in their home and you're very concerned. They may not have been home and may be grateful for the information.

Stick to your original discipline plan.
No deals, no plea bargaining.

Be aware of signs of continued drinking.
If drinking becomes a pattern, find an agency that specializes in adolescent alcoholism, or contact your school's student assistance program. It is confidential, and it could save your teenager's life.

What Kids *Say. . .*

Why they use Alcohol and other Drugs

- I just wanted to see how I would feel.
- I just wanted to have some fun.
- I like to take risks.
- I'm no baby, I can make up my own mind.
- I like to experiment with new things.
- I wanted to be part of the group.
- I don't want my friends to think I'm a nerd.

Stats

Kids and Alcohol

Forms used:
Wine, wine coolers, beer, whiskey, vodka, and other forms of distilled liquor.

Action:
General depressant; slows down brain and central nervous system.

Dangers:
Faulty judgment, impaired coordination, emotional instability, aggressiveness, damage to the brain, liver, pancreas, kidneys, danger of death by overdose.
Symptoms of use: Impaired coordination, nervousness, jitters, hand tremors, slurred speech, mood swings, decreased inhibitions, stupor.

Incidence of use:
Alcohol is the most widely used drug by kids today. Nationally, 92.2% of high school seniors reported use; 55.9% reported use by ninth grade.

Drugs of Abuse: An Introduction to their Actions and Potential Hazards by Samuel Irwin, PhD, Phoenix, D.I.N. Publications

Winning Programs

Home and School: Making Contact

Parents are less available than ever and more in need of support than ever, according to Elaine Koons, parent outreach coordinator for Livonia Public Schools in Livonia, Michigan. "That's why schools have to try different ways to reach parents and work within the time constraints and limited availability of working parents. The Livonia Schools have taken a creative approach and have found effective solutions.

- *Since few parents today are free during the day to visit the classroom, teachers are making classroom videos for parents to view. Some tapes are "a day in the life of the students" while others focus on a specific classroom project.*
- *School outreach coordinators are sponsoring seminars on such topics as family communications, self-esteem, children and divorce, and behavior management. Age-targeted seminars have included "How To Raise Responsible, Productive Young Adults" for parents of teenagers and "The Wondering Wonder Years" for parents of students in grades six through eight.*

"Even parents who have no time to be at school during the day or who are unable to attend evening meetings can be actively involved in their child's education," says Koons. She describes three roles every parent should take on:

"Parents-as-Tutors help their children with homework and also take advantage of learning opportunities as they arise. They welcome questions about how things work, how other people live, and why things matter and what happened long ago."

"Parents-as-Cheerleaders encourage their children and praise their efforts as well as their accomplishments. They let children learn that effort and ability are equally important."

"Parents-as-Role Models realize that the saying 'Do as I say, not as I do' just doesn't work. They show their children daily what is important to learning and living by their own good example.

Marcia Danner
***Detroit Metropolitan Woman* August 1991**

We would like to write about your school's Winning Programs. Please send a description to:

HELPING HAND
1863 Technology Drive • Suite 200
Troy, Michigan 48083-4244

Touting Tobacco

A recent survey shows that while 32% of adults have smoked during their lifetime, 45% of high school seniors have sampled cigarettes. Tobacco critics cite the following reasons for these startling figures:

- **Cigarette premiums, such as free gifts, are intentionally offered in stores near high schools.**
- **Free T-shirts and cigarette coupons are offered to callers who are "over 21" via toll-free numbers.**
- **Cartoon characters that appeal to children are used in cigarette ads.**
- **Candy and bubble gum cigarettes resemble the real thing.**

This kind of promotion gives youngsters the impression that cigarettes can't "be that bad" if they appear in videos and at sporting events, according to John Richards, Jr., author of numerous articles on the effects of tobacco advertising on young people.

For more information, contact:

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Parent Resource Center

September, 1991 115 W. Genesee Avenue, Saginaw, Michigan 48602 (517) 759-3625 Volume VII

A Newsletter for Parents

Working Together: Parents & Schools

The **Pre-Kindergarten Parent Support Staff** is one of the Parent Resource Center's parenting components. Teri Lieber, Parent Coordinator, and Willa Randle, Pre-K Aide, lead parent seminars at Houghton and Heavenrich Elementary Schools.

The Pre-K parents are invited to attend meetings throughout the school year. These meetings address issues in child management, child growth and development, and play for four & five year olds. The series "HOW TO TALK SO KIDS WILL LISTEN" is incorporated into the parent meetings.

Parents have enjoyed the program and have made the program a success. The interest shown by the Pre-Kindergarten parents in these meetings has opened the option for offering a reunion for previous parents.

Parents Can Build Children's Self-Esteem...and Help Them Do Better in School

Studies show that bright children who think poorly of themselves may do poorly in school. But average children who believe in themselves can excel.

One of the most important ways children develop self-esteem is by feeling competent and capable. Every time you teach your child a new skill—whether it's tying his shoes or riding his bike—you're helping build his self-esteem. When children say, "I can't," they sometimes mean, "I don't know how." Help your child by showing him each step of a new task. Have him practice that step until he learns it, then move on to the next step.

"A child sees himself/herself as you see him or her. See positive!"

Questions from Parents

Question: *With the beginning of a new school year, how can I make sure my child starts the year right?*

Answer: You've bought new pencils and paper for your child. You've checked to see that his shoes still fit. You've shown him where to catch the bus. But there are other important things you can do to make sure your child gets off to a good start this year:

1. **Get to know your child's teacher.** One study found one-third of all parents *never* met or talked with their child's teacher. You know important things about your child that you can tell his teacher. Introduce yourself.

2. **Let your child know that homework is important.** Set a regular time for homework. Find a quiet place for your child to study. And be there to help.

3. **Let your child know he can succeed.** Tell him you expect him to do his best. Talk about school every day. Praise good work.

4. **Read to and with your children every day.** During reading time, turn off the TV and radio. Talk about books with your child. Be sure to let him see you reading.

5. **Find out how you can get involved in your child's school.** Join the parent-teacher organization. Plan to attend special school events. Be a volunteer.

Parent Resource Center

As a Parent, to Start the New Year Right, I Pledge to:

Participate in my children's education by supervising homework, talking with my children about school, and volunteering.

Accept my children for who they are. I will try to nurture those qualities that makes each of my children special.

Read to or with my children every day of the year.

Expect the very best from my children at all times.

Never let a day go by without telling each of my children that I love them.

Turn off the television for homework, reading time, and for special times with my children.

HEALTH CONCERNS

- **Kids and heart attacks.** Nearly 40% of U.S. children aged five to eight already exhibit at least one coronary risk factor...*obesity, heredity, high blood pressure, smoking, high cholesterol or diabetes*. Since fitness increases mental alertness and academic performance, unfit children also may suffer academically. *Solutions:* Limit children's TV viewing... encourage them to be physically active...and provide them with a well-balanced diet.
  American Running and Fitness Association

- **Smoking and children.** Fathers who smoke are more likely to have children with brain cancer or leukemia. *Possible reasons:* Smoking may damage sperm before conception...or children may be harmed by exposure to secondary smoke after birth.
  Studies at the National Institute of Environmental Health Sciences

Kids Who Eat a Good Breakfast Are Set to Learn

September is National Breakfast Month. It's a good time to talk with your child about the importance of eating a healthy breakfast.

Studies show that kids who eat a good breakfast come to school ready to learn. Here's why.

When kids wake up in the morning, it's been about 12 hours since their last meal. Their bodies have used up the food energy from dinner.

If they don't eat again until lunch, it will be nearly six more hours before any food energy gets into their system. No wonder they often can't concentrate in school.

Of course, there isn't always time for a sit-down breakfast. Keep some foods, like yogurt, toast with peanut butter, or muffins, that kids can eat quickly. That way, everyone in your family can start the day with the energy they

The neatest gifts you can give your child ✔

The most important thing you can do for your child is to set a good example. Children are great imitators and usually pick up their parents' good—and bad—health habits. Taking good care of yourself is one of the best gifts you can ever give to your child.

"No printed word
Nor spoken plea,
Can teach young minds
What they can be
Not all the books
on all the shelves
But what the teachers
are themselves."